### Certification of Authorized Agent to File Connect America Fund (CAF) ICC Data, on Behalf of Reporting Carrier

l, as agent for the reporting carrier, certify that I am authorized to submit the CAF ICC information reported on behalf of the reporting carrier; I have provided the data and certification forms provided by the reporting carrierl and, to the best of my knowledge, the information reported herein is accurate. I also certify that I will provide copies of the CAF ICC data to the reporting carrier within 15 days of filing.

Name of Reporting Carrier {see	attached}				
Name of Authorized Agent Nati	ional Exchange Carrier	Association, Inc. (NECA)			
Signature of authorized officer:		) frame_		Date 1/17/2013	
Printed name of authorized officer:	James W. Frame				·
Title or position of authorized officer:	Vice President - Op	perations			
Telephone number of authorized office	er: (973) 884 - 8070				
Study Area Code of Reporting Carrier	{see attached}	Filing Due Date for this form (mm/dd/yyyy)	1/17/2013	1000	Translation
Persons willfully making false		can be punished by fine or forfeiture under th			502, 503(b), or

Certification-Agent

### Certification of Officer as to Determination of Fiscal Year 2011 Revenues I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of Fiscal Year 2011 revenue data reported; and, to the best of my knowledge, this reporting carrier has correctly determined its Fiscal Year 2011 revenues, as specified in the Designation Order (27 FCC Rcd at 10315-16, paras. 9-11). Name of Reporting Carrier Dixville Telephone Company January 2, 2013 Signature of authorized officer Date Printed name of authorized officer Ann C. Walsh Title or position of authorized officer Assistant Treasurer Telephone number of authorized officer: (781) 402-1731 Filing Due Date for this form 120042

(mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

January 2013

Study Area Code of Reporting Carrier

REDACTED - FOR PUBLIC INSPECTION

### TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certific	cation of Offic	er as to Det	ermination of Fiscal Yea	ar 2011 Revenues	;
I certify that I am an officer of the data reported; and, to the best specified in the Designation On	of my knowledg	je, this report	ing carrier has correctly de		
Name of Reporting Camer Franklin Tel	ephone Co.,	Inc.			
Signature of authorized officer	4/4	Mil		Date	12/31/2012
Printed name of authorized officer Kimbe	ny Gates Ma	aynlard			
Title or position of authorized officer Treas	surer				
Telephone number of authorized officer: (8	03) 285-991;	<b>1</b> .			
Study Area Code of Reporting Center	140053		Filing Due Date for this form (mm/dd/yyyy)	January 2013	
Persons willfully making false staten 503(b),		ı can be punist			Act of 1934, 47 U.S.C. §§ 502,

### Certification of Officer as to Determination of Fiscal Year 2011 Revenues I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of Fiscal Year 2011 revenue data reported; and, to the best of my knowledge, this reporting carrier has correctly determined its Fiscal Year 2011 revenues, as specified in the Designation Order (27 FCC Rcd at 10315-16, paras. 9-11). Name of Reporting Carrier Hickory Telephone Co. 12/28/2012 Date Signature of authorized officer Printed name of authorized officer Grier Adamson Title or position of authorized officer Treasurer Telephone number of authorized officer: (724) 356-221.1 Filing Due Date for this form 170171 January 2013 Study Area Code of Reporting Carrier (mm/dd/yyyy) ations Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

### TO BE COMPLETED BY THE REPORTING CARRIER,

	Certification of Office	er as to the Accuracy of the C	AF ICC Data Rep	orted	
certify that I am an officer of the repor knowledge, the information reported or		illities include ensuring the accuracy of	the actual data report	ed; and, to the best of my	
Name of Reporting Carrier Hickory	Telephone Co.				
Signature of Authorized Officer	Fru a	damper		Date 12/28/2012	
Printed name of Authorized Officer Grie	er Adamson				
Title or position of Authorized Officer	easurer				
elephone number of Authorized Officer:	(724) 356-221 1xt.				
Study Area Code of Reporting Carrier	170171	Filing Due Date for this form (mm/dd/yyyy)	January 2013		

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

### TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING DATA ON THE CARRIER'S BEHALF:

Certification of 0	Officer to Authorize	an Agent to File Data Reporte	d on Behalf of Re	porting Carrier
I certify that (Name of Agent) <u>National</u> reporting carrier. I also certify that I am Agent; and, to the best of my knowledge	an officer of the reporting	carrier; my responsibilities include e	nsuring the accuracy	[100kg ] [10kg 10kg 10kg 10kg 10kg 10kg 10kg 10kg
Name of Authorized Agent National Ex	change Carrier Assoc	iation, Inc. (NECA)		
Name of Reporting Carrier Hickory T	elephone Co.			
Signature of Authorized Officer	Grew add	meen		Date 12/28/2012
Printed name of Authorized Officer Grie	r Adamson			
Title or position of Authorized Officer Tre	asurer			
Telephone number of Authorized Officer:	(724) 356-2211 <sub>ext.</sub>			
Study Area Code of Reporting Carrier	170171	Filing Due Date for this form (mm/dd/yyyy)	January 2013	
Persons willfully making false statemen	점에 하면 열 하면 하다 이 경험 시간에 되었다.	shed by fine or forfeiture under the Comm Title 18 of the United States Code, 18 U	일반한 전에서 사용하는 100kg 100kg 100kg 100kg 100kg 100kg	47 U.S.C. §§ 502, 503(b), or fine or

Certificat	ion of Officer for Ra	te-of-Return Carrier Eligibility	for CAF/ICC Reco	overy
		t, to the best of my knowledge, the repo overy Charge §51.917(e) and is eligible to		
Name of Reporting Carrier Hickory	Telephone Co.	/		
Signature of authorized officer	luce ad	amser	Date	12/28/2012
Printed name of authorized officer Grie	er Adamson			
Title or position of authorized officer Tro	easurer			
Telephone number of authorized officer:	724) 356-2211			
Study Area Code of Reporting Carrier	170171	Filing Due Date for this form (mm/dd/yyyy)	January 2013	
		be punished by fine or forfeiture under it under Title 18 of the United States Co		Act of 1934, 47 U.S.C. §§ 502,

Certification	on of Officer for Rat	e-of-Return Carrier Not Seekin	g Duplicative Rec	overy
		t, to the best of my knowledge, this repo e recovery mechanism as per 51.917(d)(v		ing duplicative recovery in
Name of Reporting Carrier Hickory	Telephone Co.			
Signature of authorized officer	gree a	dancer	Date	12/28/2012
Printed name of authorized officer Grie	er Adamson			
Title or position of authorized officer Tr	easurer			
Telephone number of authorized officer:	724) 356-2211			
Study Area Code of Reporting Carrier	170171	Filing Due Date for this form (mm/dd/yyyy)	January 2013	1
		be punished by fine or forfeiture under it under Title 18 of the United States Co		Act of 1934, 47 U.S.C. §§ 502,

### 

### TO BE COMPLETED BY THE REPORTING CARRIER,

AF ICC Data Rep	ported
the actual data repor	ted; and, to the best of my
any	Date //9//3

### TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING DATA ON THE CARRIER'S BEHALF:

	d on Behalf of Re	porting	Carrier
ertify that (Name of Agent) National Exchange Carrier Association, Inc. (NECA) is authorized corting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include event; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.	nsuring the accuracy	mation r	eported on behalf of the ta provided to the Authorized
me of Authorized Agent National Exchange Carrier Association, Inc. (NECA)	THE YEAR IS		
me of Reporting Carrier yokan-waltz Telephone Compa	nu		120
inature of Authorized Officer And Mail		Date	1/9/12
nted name of Authorized Officer James J. Kail			11.17
e or position of Authorized Officer Resident & CEO	The Real Property		WAY STATE
ephone number of Authorized Officer: (744), 593, 241/ext.			
idy Area Code of Reporting Carrier 170215 Filing Due Date for this form (mm/dd/yyyy)	January 2013		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Comm	unications Act of 1934,	47 U.S.C	. §§ 502, 503(b), or fine or

### 

Certification	on of Officer for Rate-	of-Return Carrier Not Seeking	g Duplicative Rec	overy
I certify that I am an officer of the the state jurisdiction for any Eligib	reporting carrier and that, to the r	to the best of my knowledge, this repo recovery mechanism as per 51.917(d)(v	orting carrier is not seek ii).	ing duplicative recovery in
Name of Reporting Carrier YUKO	1-Waltz to	Jephone Compa	ny	1/6/12
Printed name of authorized officer	ames J. K	Eail	Date	1/7//3
itle or position of authorized officer	resident a ce	=0		
elephone number of authorized officer: 7	1458 241/ext.			
	170215	Filing Due Date for this form (mm/dd/yyyy)	January 2013	
Study Area Code of Reporting Carrier	1/000/	manage (IIIII/GG/Jyyyy)		

### Certification of Officer as to Determination of Fiscal Year 2011 Revenues

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of Fiscal Year 2011 revenue data reported; and, to the best of my knowledge, this reporting carrier has correctly determined its Fiscal Year 2011 revenues, as specified in the Designation Order (27 FCC Rcd at 10315-16, paras. 9-11).

Name of Reporting Carrier Scott Co	ounty Telephone C			
Signature of authorized officer	Famil	E. Odom	Date	182-01-02-13
Printed name of authorized officer Dan	iel E Odom			
Title or position of authorized officer Ch	ief Financial Office	er		
Telephone number of authorized officer:	(276) 452-7224			
Study Area Code of Reporting Carrier	190248	Filing Due Date for this form (mm/dd/yyyy)	January 2013	
Persons willfully making false sta 503(	tements on this form can b), or fine or imprisonmen	be punished by fine or forfeiture under t under Title 18 of the United States Co	the Communications and the design of the Communications and the communications are the comm	Act of 1934, 47 U.S.C. §§ 502,

### Certification of Officer as to Determination of Fiscal Year 2011 Revenues

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of Fiscal Year 2011 revenue data reported; and, to the best of my knowledge, this reporting carrier has correctly determined its Fiscal Year 2011 revenues, as specified in the Designation Order (27 FCC Rcd at 10315-16, paras. 9-11).

XXX 544 C (504 C ) A X X X	197	- MARKET CANADA - 20.	STATE OF STA	
Name of Reporting Carrier Kaplan	Telephone Cor	mpany		
Signature of authorized officer	4	Tarlo	Dale	011912013
Printed name of authorized officer Rich	ard Constantin			
Title or position of authorized officer Co	ontroller			
Telephone number of authorized officer:	(337) 643-71,7;			
Study Area Code of Reporting Carrier	270432	Filing Due Date for this form (mm/dd/yyyy)	January 2013	
Danage willfully making false sta	tamente en this form	ean be published by fine or forfailure under	r the Communications	Act of 1934 47 U.S.C. 55 502

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certific	cation of Office	r as to Del	termination of Fiscal Ye	ar 2011 Revenue	s
I certify that I am an officer of the data reported; and, to the best specified in the Designation Or	of my knowledge	e, this report	ting carrier has correctly de		Section of the sectio
Name of Reporting Carrier DeKalb Tele	ephone Coop	erative			
Signature of authorized officer		5		Date	12/24/12
Printed name of authorized officer Paig	Gates				
Title or position of authorized officer Chief	f Executive O	fficer			
Telephone number of authorized officer: (6	15) 529-2151	1,			
Study Area Code of Reporting Carrier	290562	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Filing Due Date for this form (mm/dd/yyyy)	January 2013	The second secon
Persons willfully making false stater 503(b),			shed by fine or forfeiture under Title 18 of the United States Co		Act of 1934, 47 U.S.C. §§ 502,

### Certification of Officer as to Determination of Fiscal Year 2011 Revenues I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of Fiscal Year 2011 revenue data reported; and, to the best of my knowledge, this reporting carrier has correctly determined its Fiscal Year 2011 revenues, as specified in the Designation Order (27 FCC Rcd at 10315-16, paras. 9-11). Name of Reporting Carrier West Kentucky Rural Coop. - TN 01/09/13 Signature of authorized officer Date Printed name of authorized officer Trevor Bonnstetter Title or position of authorized officer Chief Executive Officer Telephone number of authorized officer: (279) 674-1000 Filing Due Date for this form 290598 January 2013 Study Area Code of Reporting Carrier (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certifi	cation of Officer	as to Determination of Fiscal Ye	gr 2011 Revenue	*
	t of my knowledge,	r; my responsibilities include ensurin this reporting carrier has correctly do at 10315-16, paras. 9-11).		
Name of Reporting Carrier CL:18	av Teles	stone Company		——————————————————————————————————————
Bignature of authorized officer	( = )/ <sub>2</sub> /		Date	12/21/12
Printed name of authorized officer Ke	wa Dov	le		
Title or position of suthorized officer.	FO /			<u> </u>
Telephone number of authorized officer: (d	268 746 3244, am.			
Study Area Code of Reporting Carrier	3/\$688	(m) Filing Due Date for this form	January 2013	
Persons willfully making false state	ments on this form c ), or fine or imprisons	an be punished by fine or forfature under nant under Title 18 of the United States Co	the Communications de, 18 U.S.C. § 1001.	Act of 1984, 47 U.S.C. \$5 502,

### Certification of Officer as to Determination of Fiscal Year 2011 Revenues

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of Fiscal Year 2011 revenue data reported; and, to the best of my knowledge, this reporting carrier has correctly determined its Fiscal Year 2011 revenues, as specified in the Designation Order (27 FCC Rcd at 10315-16, peras. 9-11).

			MANUAL STATE AND	
Name of Reporting Carrier KALEVA	TELEPHONE	COMPINA		
Signature of authorized officer			Date	12/21/2012
Printed name of authorized officer JON	I W. CRIBBS			
Title or position of authorized officer PR	ESIDENT			
Telephone number of authorized officer;	(231) 362-311;			
Study Area Code of Reporting Carrier	310703	Filing Due Del	e for this form January 2013	
Persons willfully making false sta	tements on this form		forfeiture under the Communications	

503(b), or fine or Imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001,

Certification of Officer as to Determination of Fiscal Year 2011 Revenues									
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of Fiscal Year 2011 revenue data reported; and, to the best of my knowledge, this reporting carrier has correctly determined its Fiscal Year 2011 revenues, as specified in the Designation Order (27 FCC Rcd at 10315-16, paras. 9-11).									
Name of Reporting Carrier Ace Telephone Company of Michigan, Inc									
Signature of authorized officer	11			Date	12/21/12				
Printed name of authorized officer Todd Roesler									
Title or position of authorized officer CEO									
Telephone number of authorized officer: (507) 896-6292									
Study Area Code of Reporting Carrier	310704		Filing Due Date for this form (mm/dd/yyyy)	January 2013					
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.									

### Certification of Officer as to Determination of Fiscal Year 2011 Revenues I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of Fiscal Year 2011 revenue data reported; and, to the best of my knowledge, this reporting carrier has correctly determined its Fiscal Year 2011 revenues, as specified in the Designation Order (27 FCC Rcd at 10315-16, paras. 9-11). SAND CREEK TELEPHONE COMPANY Name of Reporting Carrier 12-26-12 Date HARVEY F. SOUDERS Printed name of authorized officer Title or position of authorized officer GENERAL MANAGER/VP Telephone number of authorized officer: (517)43-3(30), ext. Filing Due Date for this form January 2013 310725 Study Area Code of Reporting Carrier (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

# Certification of Officer as to Determination of Fiscal Year 2011 Revenues I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of Fiscal Year 2011 revenue data reported; and, to the best of my knowledge, this reporting carrier has correctly determined its Fiscal Year 2011 revenues, as specified in the Designation Order (27 FCC Rcd at 10315-16, paras. 9-11). Name of Reporting Carrier Signature of authorized officer Title or position of authorized officer Telephone number of authorized officer: () - , ext. 7/5-664-83// Filing Due Date for this form January 2013 Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502,

503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

### TO BE COMPLETED BY THE REPORTING CARRIER,

	clude ensuring the accuracy of	the actual data report	ed; and, to the best of my
Company			Date 1/11/2013
Missph	3		Date 1/11/2013
easurer			
-5300 ext.			
3	Filing Due Date for this form (mm/dd/yyyy)	January 2013	
	Company . Musph	Company  Musphy  easurer  -5300 ext.  Filing Due Date for this form	Company  Musphy  easurer  -5300 ext.  Filing Due Date for this form  January 2013

### TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING DATA ON THE CARRIER'S BEHALF:

Certification of O	fficer to Authorize	an Age	ent to File Data Reported	on Behalf of Re	porting Carrier
I certify that (Name of Agent) National E reporting carrier. I also certify that I am a Agent; and, to the best of my knowledge,	an officer of the reporting	ng carrier	r; my responsibilities include en		
Name of Authorized Agent National Exc	hange Carrier Asso	ciation,	Inc. (NECA)		
Name of Reporting Carrier Gorham T	elephone Compa	any			
Signature of Authorized Officer	mura M. M	urnh	u		Date 1/11/2013
	a Murphy	7	0		
Title or position of Authorized Officer Sect	etary/Treasurer				
	785) 637-5300 <sub>ex</sub>	t			
Study Area Code of Reporting Carrier	411778		Filing Due Date for this form (mm/dd/yyyy)	January 2013	
Persons willfully making false statement			fine or forfeiture under the Commi 8 of the United States Code, 18 U.		47 U.S.C. §§ 502, 503(b), or fine or

Certificati	on of Officer for Ra	ate-of-Return Carrier	Eligibility for CAF/ICC	Recove	ery
I certify that I am an officer of the complied with Eligible Recovery §: to §51.917(f).	reporting carrier and the 51.917(d) and Access Rec	at, to the best of my knowled covery Charge §51.917(e) and	ige, the reporting carrier on t	this form c	ertifies that it has ort requested pursuant
Name of Reporting Carrier Gorham T	elephone Comp	any			
Signature of authorized officer	wa m. m	) ur phu	Dat	e	1/11/2013
	a Murphy	7 0			
Title or position of authorized officer Sec	retary/Treasurer				
Telephone number of authorized officer:	785) 637-5300				
Study Area Code of Reporting Carrier	411778	Filing Due Date for (mm/dd/yyyy)	or this form January 20	013	
Persons willfully making false state 503(t	ements on this form ca b), or fine or imprisonme	n be punished by fine or for ent under Title 18 of the Uni	feiture under the Communic ted States Code, 18 U.S.C. §	ations Ac 1001.	t of 1934, 47 U.S.C. §§ 502,

Certification	on of Officer for Ra	ate-of-Re	eturn Carrier Not Seeking	g Duplicative Rec	overy
I certify that I am an officer of the the state jurisdiction for any Eligit					ing duplicative recovery in
Name of Reporting Carrier Gorham	elephone Comp	pany			
Signature of authorized officer	wa M. M.	wah		Date	1/11/2013
Printed name of authorized officer Tony	ya Murphy	70			
Title or position of authorized officer Se	cretary/Treasure	er			
Telephone number of authorized officer: (	785) 637-5300				
Study Area Code of Reporting Carrier	411778		Filing Due Date for this form (mm/dd/yyyy)	January 2013	
Persons willfully making false state 503(t			shed by fine or forfeiture under Title 18 of the United States Co		Act of 1934, 47 U.S.C. §§ 502,

### TO BE COMPLETED BY THE REPORTING CARRIER,

	Certification of Office	er as to the Accuracy of the CA	AF ICC Data Repo	orted
I certify that I am an officer of the report knowledge, the information reported on		ities include ensuring the accuracy of	the actual data report	ed; and, to the best of my
Name of Reporting Carrier Wamego	Telęcommunication	ns Co., Inc.		
Signature of Authorized Officer	to half			Date 1/11/2013
Printed name of Authorized Officer Stev	ve Sackrider			
Title or position of Authorized Officer Pr	esident			
Telephone number of Authorized Officer:	(785) 456-1000 ext.			81 
Study Area Code of Reporting Carrier	411845	Filing Due Date for this form (mm/dd/yyyy)	January 2013	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

### TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING DATA ON THE CARRIER'S BEHALF:

Certification of O	fficer to Authorize	an Agent to File Data Reported	d on Behalf of Re	porting Carrier
I certify that (Name of Agent) National reporting carrier. I also certify that I am Agent; and, to the best of my knowledge,	an officer of the reporting	ng carrier; my responsibilities include e	nsuring the accuracy	
Name of Authorized Agent National Exc	change Carrier Asso	ociation, Inc. (NECA)		
Name of Reporting Carrier Wamego	Telecommunicați	ons Co., Inc.		
Signature of Authorized Officer	to hall			Date 1/11/2013
Printed name of Authorized Officer Stev	ve Sackrider			
Title or position of Authorized Officer Pres	sident			
	785) 456-1000 <sub>ex</sub>	tt		
Study Area Code of Reporting Carrier	411845	Filing Due Date for this form (mm/dd/yyyy)	January 2013	
		nished by fine or forfeiture under the Comm der Title 18 of the United States Code, 18 U		47 U.S.C. §§ 502, 503(b), or fine or

### Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier Wamego	Telecommunication	ons Co., Inc.		320
Signature of authorized officer	to hely	/	Date	1/11/2013
Printed name of authorized officer Ste	ve Sackrider			
Title or position of authorized officer Pr	esident			
Telephone number of authorized officer:	(785) 4 <u>5</u> 6-10 <u>0Ω</u>			
Study Area Code of Reporting Carrier	411845	Filing Due Date for this form (mm/dd/yyyy)	January 2013	

### Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier Wamego	o Telecommunicati	ons/Co., Inc.		
Signature of authorized officer	Va Le	1	Date	1/11/2013
Printed name of authorized officer Stev	ve Sackrider			
Title or position of authorized officer Pr	esident			
	(785) 456-1000	7		
Study Area Code of Reporting Carrier	411845	Filing Due Date for this form (mm/dd/yyyy)	January 2013	

Cer	tification of Offic	cer as to Determination of Fiscal Ye	ear 2011 Revenu	es	
data reported; and, to the be	est of my knowled	rrier; my responsibilities include ensuri ge, this reporting carrier has correctly o cd at 10315-16, paras. 9-11).	ng the accuracy of determined its Fisc	Fiscal Year 2011 revenues, as	∋ §
Name of Reporting Carrier Central O	klahoma Telej	phone Co., L.L.C.			
Signature of authorized officer	She C	rust	Date	DEC 21, 201	7
Printed name of authorized officer Stev	re Guest			· · · · · · · · · · · · · · · · · · ·	
Title or position of authorized officer Pre	sident				
Telephone number of authorized officer:	(918) 377-224;	1.			_
Study Area Code of Reporting Carrier	431977	Filing Due Date for this form	January 2013		
Persons willfully making false sta 503(i	tements on this form b), or fine or imprisor	can be punished by fine or forfeiture under nment under Title 18 of the United States Co	the Communications de, 18 U.S.C. § 1001.	Act of 1934, 47 U.S.C. 55 502	2 <b>,</b>

Certification of Officer	as to Determination of Fiscal Ye	ar 2011 Revenue	s
I certify that I am an officer of the reporting carrier data reported; and, to the best of my knowledge, specified in the Designation Order (27 FCC Rcd a	this reporting carrier has correctly d		
Name of Reporting Carrier Cherokee Telephone Com	pany		the state of the s
Signature of authorized officer		Oate	01/08/2013
Printed name of authorized officer Samuel Sanchez		AA MAAA 6 24 MA MAAAAA AA	
Title or position of authorized officer Vice President of Op	perations		
Telephone number of authorized afficer: (589) 434-5375	The second secon	AT A COLUMN TO A STATE OF THE S	
Study Area Code of Reporting Carner 43 1979	Filing Due Date for this form (mm/dd/yyyy)	January 2013	
Persons willfully making false statements on this form ca- 503(b), or fine or imprisonme	n be punished by fine or forfeiture under ent under Title 18 of the United States Co		Act of 1934, 47 U.S.C. §§ 502,

# Certification of Officer as to Determination of Fiscal Year 2011 Revenues I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of Fiscal Year 2011 revenue data reported; and, to the best of my knowledge, this reporting carrier has correctly determined its Fiscal Year 2011 revenues, as specified in the Designation Order (27 FCC Rcd at 10315-16, paras. 9-11). Name of Reporting Carrier Farmers Telephone Company Inc. Signature of authorized officer Timothy A Lanier Title or position of authorized officer President Telephone number of authorized officer: (979) 562-42.13. Study Area Code of Reporting Carrier 462188 Filing Due Date for this form (mm/ddyyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

### Certification of Officer as to Determination of Fiscal Year 2011 Revenues

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of Fiscal Year 2011 revenue data reported; and, to the best of my knowledge, this reporting carrier has correctly determined its Fiscal Year 2011 revenues, as specified in the Designation Order (27 FCC Rcd at 10315-16, paras. 9-11).

Name of Reporting Carrier RICO TELI	EPHONE COMP	ANY, INC.		
Signature of authorized officer	Ja C to	45	Date	01/4/2013
Printed name of authorized officer DAN	NY F. LANGLEY	0		
Title or position of authorized officer PRE	SIDENT COO			
Telephone number of authorized officer: (*	214) 354-9971			
Study Area Code of Reporting Carrier	462201	Filing Due Date for this (mm/dd/yyyy)	form January 2013	
Persons willfully making false state 503(b		be punished by fine or forfeiturent under Title 18 of the United St		Act of 1934, 47 U.S.C. §§ 502,

### Certification of Officer as to Determination of Fiscal Year 2011 Revenues

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of Fiscal Year 2011 revenue data reported; and, to the best of my knowledge, this reporting carrier has correctly determined its Fiscal Year 2011 revenues, as specified in the Designation Order (27 FCC Rcd at 10315-16, paras. 9-11).

Name of Reporting Carrier E.N.M.R	R. Telephone Coop	erative		
Signature of authorized officer	Molen	· soc	Date	January 2, 2013
Printed name of authorized officer Dav	vid J. Robinson	ř.		
Title or position of authorized officer Ch	nief Financial Offic	er		
Telephone number of authorized officer:	(575) 3 <u>8</u> 9-51 <u>QQ</u>			
Study Area Code of Reporting Carrier	492262	Filing Due Date for this form (mm/dd/yyyy)	January 2013	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

### TO BE COMPLETED BY THE REPORTING CARRIER,

C	Certification of Offic	er as to the Accuracy of the C	AF ICC Data Rep	orted
I certify that I am an officer of the reporti knowledge, the information reported on		lities include ensuring the accuracy of	the actual data report	ted; and, to the best of my
Name of Reporting Carrier E.N.M.R.	Telephone Coope	rative		
Signature of Authorized Officer	ed / Holis	son.		Date January 2, 2013
Printed name of Authorized Officer Davi	id J. Robinson			
01	ief Financial Office	r		
Title or position of Authorized Officer Ch				
Title of position of Authorized Officer	(575) 389-5100 ext.	to the state of th		

### TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING DATA ON THE CARRIER'S BEHALF:

Certification of C	Officer to Authorize a	n Agent to File Data Reported	l on Behalf of Re	porting Carrier
I certify that (Name of Agent) <u>National</u> reporting carrier. I also certify that I am Agent; and, to the best of my knowledge	an officer of the reporting	carrier; my responsibilities include er	nsuring the accuracy	로마 하다는 보다 못하면 어떻게 보면 하면 하면 가게 보고 있는 테래에 가장 하다 보다면 하다 있다면 하다.
Name of Authorized Agent National Ex	change Carrier Associa	ation, Inc. (NECA)		
Name of Reporting Carrier E.N.M.R.	Telephone Coopera	ative		
Signature of Authorized Officer	und 1 lels	nson		Date January 2, 2013
Printed name of Authorized Officer Dav	id J. Robinson			
Title or position of Authorized Officer Ch	nief Financial Office	r		
	(575) 389-5100 <sub>ext.</sub>			
Study Area Code of Reporting Carrier	492262	Filing Due Date for this form (mm/dd/yyyy)	January 2013	
Persons willfully making false statemen		ned by fine or forfeiture under the Comm Title 18 of the United States Code, 18 U		47 U.S.C. §§ 502, 503(b), or fine or

### Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). E.N.M.R. Telephone Cooperative Name of Reporting Carrier January 2, 2013 Signature of authorized officer Date David J. Robinson Printed name of authorized officer Chief Financial Officer Title or position of authorized officer (575) 389-5100 Telephone number of authorized officer: Filing Due Date for this form 492262 January 2013 (mm/dd/yyyy) Study Area Code of Reporting Carrier Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification	of Officer for Rate-	of-Return Carrier Not Seeking	g Duplicative Rec	overy	
		to the best of my knowledge, this repo recovery mechanism as per 51.917(d)(v		ing duplicative recovery in	
Name of Reporting Carrier E.N.M.R.	Telephone Coope	erative			
Signature of authorized officer Audithorized Date January 2, 2013					
Printed name of authorized officer Davi	d J. Robinson				
Title or position of authorized officer Ch	ief Financial Office	er			
Telephone number of authorized officer: (5	575) <u>3</u> 89-5100				
Study Area Code of Reporting Carrier	492262	Filing Due Date for this form (mm/dd/yyyy)	January 2013		
		e punished by fine or forfeiture under under Title 18 of the United States Co		Act of 1934, 47 U.S.C. §§ 502,	

### Certification of Officer as to Determination of Fiscal Year 2011 Revenues

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of Fiscal Year 2011 revenue data reported; and, to the best of my knowledge, this reporting carrier has correctly determined its Fiscal Year 2011 revenues, as specified in the Designation Order (27 FCC Rcd at 10315-16, paras. 9-11).

Name of Reporting Carrier Gunnison	Telephone Co	mpany			
Signature of authorized officer	- 14 11	neli	ere	Date	12/21/2012
Printed name of authorized officer Ken	t B. Sanders		117 - 50-500		
Title or position of authorized officer Pro	esident & Gene	ral Mana	ger		
Telephone number of authorized officer:	(435) 528-7236		960 1011 Francisco 1960 I de COST (TROCTO)	· · · · · · · · · · · · · · · · · · ·	
Study Area Code of Reporting Carrier	502279		Filing Due Date for this form (mm/dd/yyyy)	January 2013	

### TO BE COMPLETED BY THE REPORTING CARRIER,

9	Certification of C	Officer as to	o the Accuracy of the CA	AF ICC Data Repo	orted
certify that I am an officer of the repor knowledge, the information reported or			clude ensuring the accuracy of i	he actual data report	ed; and, to the best of my
Name of Reporting Carrier Gunnison	Telephone Con	npany			
Signature of Authorized Officer	_ , ,	lano	lere	3_3750000	Date 12/21/2012
Printed name of Authorized Officer Kent	B. Sanders				
Title or position of Authorized Officer Pre	sident & Gener	al Manage	er		
Telephone number of Authorized Officer:	(495) 500 700		9-05-900-90 2-05-990-90		
Study Area Code of Reporting Carrier	502279		Filing Due Date for this form (mm/dd/vvvv)	January 2013	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

### TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING DATA ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Data Reported on Behalf of Reporting Carrier						
I certify that (Name of Agent) National Exchange Carrier Association, Inc. (NECA) is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the accuracy data provided to the Authorized Agent are accurate.						
Name of Authorized Agent National Exchange Carrier Association, Inc. (NECA)						
Name of Reporting Carrier Gunnison Telephone Company						
Signature of Authorized Officer Scales, Sandles	Date 12/21/2012					
Printed name of Authorized Officer Kent B. Sanders						
Title or position of Authorized Officer President & General Manager						
Telephone number of Authorized Officer: (435 528-7236						
Study Area Code of Reporting Carrier 502279 Study Area Code of Reporting Carrier 502279						
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Table 18 of the United States Code, 18 U.S.C. § 1001.						

### Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Cunni	gon Tolo	Phone Company		
CT2		endus		12/21/2012
Signature of authorized officer		mans	Date	12/21/2012
Printed name of authorized officer Ken	t B. San	ders		
Title or position of authorized officer	resident	& General Manag	ger	
Telephone number of authorized officer:	435-528ext	7236		
Study Area Code of Reporting Carrier	502279	Filing Due Date for this form (mm/dd/yyyy)	January 2013	<b>三</b>
Persons willfully making false sta 5030	tements on this form	can be punished by fine or forfeiture under ment under Title 18 of the United States C	er the Communication Code, 18 U.S.C. § 1001.	s Act of 1934, 47 U.S.C. §§ 502,

## Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii). Name of Reporting Carrier Gunnison Telephone Company Signature of authorized officer Kent B. Sanders Title or position of authorized officer President & General Manager Telephone number of authorized officer: (435) 528-7236 Study Area Code of Reporting Carrier Sources Study Area Code of Reporting Carrier Study Area Code of Reporting Carrier January 2013

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

### TO BE COMPLETED BY THE REPORTING CARRIER,

	Certification of Off	ficer as to the Acc	uracy of the CA	F ICC Data Repo	rted
I certify that I am an officer of the repor knowledge, the information reported or		sibilities include ensurir	ng the accuracy of t	he actual data reporte	d; and, to the best of my
Name of Reporting Carrier PIONEER	TELEPHONE CO	OPERATIVE			
Signature of Authorized Officer	richaef	what			Date 12/26/2012
Printed name of Authorized Officer MIC	HAEL WHALÉN				
Title or position of Authorized Officer AS	SISTANT TREAS	SURER			
Telephone number of Authorized Officer:	(541) 929-8256				
Study Area Code of Reporting Carrier	532393	Filing Due I	Date for this form	January 2013	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

### TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING DATA ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Data Reported on Behalf of Reporting Carrier						
I certify that (Name of Agent) National Exchange Carrier Association, Inc. (NECA) is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.						
Name of Authorized Agent National Exchange Carrier Association, Inc. (NECA)						
Name of Reporting Carrier PIONEER T						
Signature of Authorized Officer	ichael	W	halen		Date 12/26/2012	
Printed name of Authorized Officer MICH	AEL WHALEN					
	SISTANT TREA	SUREF	3			
/541) 020 8256						
Telephone number of Authorized Officer: (341) 929-0230 ext.  Study Area Code of Reporting Carrier  532393  Filing Due Date for this form (mm/dd/yyyy)  January 2013						
Persons willfully making false statement	s on this form can be p imprisonment u	ounished by nder Title 1	fine or forfeiture under the Commi 8 of the United States Code, 18 U.	unications Act of 1934, S.C. § 1001.	47 U.S.C. §§ 502, 503(b), or fine or	

### Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier PIONEER TELEPHONE COOPERATIVE 12/26/2012 Printed name of authorized officer MICHAEL WHALEN Title or position of authorized officer ASSISTANT TREASURER (541) 929-8256 Telephone number of authorized officer: Filing Due Date for this form 532393 January 2013 Study Area Code of Reporting Carrier (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502,

503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

### Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii). Name of Reporting Carrier PIONEER TELEPHONE COOPERATIVE 12/26/2012 Printed name of authorized officer MICHAEL WHALEN Title or position of authorized officer ASSISTANT TREASURER

(mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Filing Due Date for this form

January 2013

Telephone number of authorized officer: (541) 929-8256

Study Area Code of Reporting Carrier

532393